

**Fill in this information to identify your case:**

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)     
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 16-23334  
(If known)

☐ Check if this is an amended filing

**Official Form 106Sum**

**Summary of Your Assets and Liabilities and Certain Statistical Information** 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

**Your assets**  
 Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* ..... \$ 0.00
- 1b. Copy line 62, Total personal property, from *Schedule A/B* ..... \$ 13,300.00
- 1c. Copy line 63, Total of all property on *Schedule A/B* ..... **\$ 13,300.00**

**Part 2: Summarize Your Liabilities**

**Your liabilities**  
 Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* ..... \$ 18,472.00
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* ..... \$ 0.00
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* ..... + \$ 10,729.00
- Your total liabilities** **\$ 29,201.00**

**Part 3: Summarize Your Income and Expenses**

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* ..... \$ 6,161.26
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* ..... \$ 2,861.26

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**Part 4: Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 8,158.00

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

**Total claim**

**From Part 4 on *Schedule E/F*, copy the following:**

|  |                  |
|--|------------------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$ <u>0.00</u>   |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$ <u>0.00</u>   |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$ <u>0.00</u>   |
| 9d. Student loans. (Copy line 6f.)   | \$ <u>0.00</u>   |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u>   |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | + \$ <u>0.00</u> |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$ <u>0.00</u>   |

Fill in this information to identify your case and this filing:

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 16-23334

☐ Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.  
☐ Yes. Where is the property?

1.1. \_\_\_\_\_  
Street address, if available, or other description

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ \_\_\_\_\_  
Current value of the portion you own? \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  
\_\_\_\_\_

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
Street address, if available, or other description

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ \_\_\_\_\_  
Current value of the portion you own? \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  
\_\_\_\_\_

☐ Check if this is community property (see instructions)

## Part 2: Describe Your Vehicles

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3.3. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

☐ Check if this is community property (see instructions)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

☐ Check if this is community property (see instructions)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- ☒ No  
☐ Yes

4.1. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

☐ Check if this is community property (see instructions)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

☐ Check if this is community property (see instructions)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** →

\$ \_\_\_\_\_

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**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe..... Living room, couch and loveseat, TV stand

\$ 1,000.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe..... TV, computer and cell phone

\$ 600.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

\$ \_\_\_\_\_

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

\$ \_\_\_\_\_

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

\$ \_\_\_\_\_

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... Everyday clothes, shoes and accessories

\$ 1,500.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... engagement and wedding ring

\$ 1,000.00

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe..... One dog

\$ 0.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →

\$ 4,100.00

Debtor 1 Jill M. Usenicnik Case number (if known) 16-23334  
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**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No  
☒ Yes ..... Cash: ..... \$ 100.00

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No  
☒ Yes ..... Institution name:

|                                |                 |                  |
|--------------------------------|-----------------|------------------|
| 17.1. Checking account:        | <u>PNC Bank</u> | \$ <u>100.00</u> |
| 17.2. Checking account:        | _____           | \$ _____         |
| 17.3. Savings account:         | _____           | \$ _____         |
| 17.4. Savings account:         | _____           | \$ _____         |
| 17.5. Certificates of deposit: | _____           | \$ _____         |
| 17.6. Other financial account: | _____           | \$ _____         |
| 17.7. Other financial account: | _____           | \$ _____         |
| 17.8. Other financial account: | _____           | \$ _____         |
| 17.9. Other financial account: | _____           | \$ _____         |

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No  
☐ Yes ..... Institution or issuer name:

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No  
☐ Yes. Give specific information about them.....

| Name of entity: | % of ownership: |          |
|-----------------|-----------------|----------|
| _____           | <u>0%</u> %     | \$ _____ |
| _____           | <u>0%</u> %     | \$ _____ |
| _____           | <u>0%</u> %     | \$ _____ |

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**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name:

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account: Institution name:

|                         |       |          |
|-------------------------|-------|----------|
| 401(k) or similar plan: | _____ | \$ _____ |
| Pension plan:           | _____ | \$ _____ |
| IRA:                    | _____ | \$ _____ |
| Retirement account:     | _____ | \$ _____ |
| Keogh:                  | _____ | \$ _____ |
| Additional account:     | _____ | \$ _____ |
| Additional account:     | _____ | \$ _____ |

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes .....

Institution name or individual:

|                                  |       |          |
|----------------------------------|-------|----------|
| Electric:                        | _____ | \$ _____ |
| Gas:                             | _____ | \$ _____ |
| Heating oil:                     | _____ | \$ _____ |
| Security deposit on rental unit: | _____ | \$ _____ |
| Prepaid rent:                    | _____ | \$ _____ |
| Telephone:                       | _____ | \$ _____ |
| Water:                           | _____ | \$ _____ |
| Rented furniture:                | _____ | \$ _____ |
| Other:                           | _____ | \$ _____ |

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes .....

Issuer name and description:

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |



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**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_ \$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_ \$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_ \$ \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

\_\_\_\_\_

Federal: \$ \_\_\_\_\_  
 State: \$ \_\_\_\_\_  
 Local: \$ \_\_\_\_\_

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_

Alimony: \$ \_\_\_\_\_  
 Maintenance: \$ \_\_\_\_\_  
 Support: \$ \_\_\_\_\_  
 Divorce settlement: \$ \_\_\_\_\_  
 Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1 Jill M. Usenicnik  
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**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** .....



\$ 200.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

☒ No

☐ Yes. Describe.....

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe.....

\$ \_\_\_\_\_

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40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No

☐ Yes. Describe ..... \$

41. Inventory

☒ No

☐ Yes. Describe ..... \$

42. Interests in partnerships or joint ventures

☒ No

☐ Yes. Describe ..... Name of entity: % of ownership:  
% \$  
% \$  
% \$

43. Customer lists, mailing lists, or other compilations

☒ No

☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe ..... \$

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information ..... \$  
\$  
\$  
\$  
\$  
\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$ 0.00

**Part 6:**

**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No

☐ Yes ..... \$

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48. Crops—either growing or harvested

☒ No

☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No

☐ Yes .....

\$ \_\_\_\_\_

50. Farm and fishing supplies, chemicals, and feed

☒ No

☐ Yes .....

\$ \_\_\_\_\_

51. Any farm- and commercial fishing-related property you did not already list

☒ No

☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....

\$ 0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$ 0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....

\$ 0.00

56. Part 2: Total vehicles, line 5

\$ 9,000.00

57. Part 3: Total personal and household items, line 15

\$ 4,100.00

58. Part 4: Total financial assets, line 36

\$ 200.00

59. Part 5: Total business-related property, line 45

\$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$ 0.00

61. Part 7: Total other property not listed, line 54

**+** \$ 0.00

62. Total personal property. Add lines 56 through 61. ....

\$ 13,300.00

Copy personal property total **+** \$ 13,300.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. ....

\$ 13,300.00

**Fill in this information to identify your case:**

|  |                 |             |                  |
|--|-----------------|-------------|------------------|
| Debtor 1   | <u>Jill</u>     | <u>M.</u>   | <u>Usenicnik</u> |
|  | First Name      | Middle Name | Last Name        |
| Debtor 2<br>(Spouse, if filing)  |                 |             |                  |
|  | First Name      | Middle Name | Last Name        |
| United States Bankruptcy Court for the: Western District of Pennsylvania |                 |             |                  |
| Case number<br>(If known)  | <u>16-23334</u> |             |                  |

☐ Check if this is an amended filing

Official Form 106C

**Schedule C: The Property You Claim as Exempt**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own<br><br>Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim<br><br>Check only one box for each exemption.   | Specific laws that allow exemption |
|--|---|---|------------------------------------|
| Brief description: <u>Household goods etc</u><br>Line from <i>Schedule A/B</i> : <u>6</u>  | \$ <u>1,000.00</u>  | <input type="checkbox"/> \$ <u>1,000.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 USC 522 (d)(3)                  |
| Brief description: <u>Electronics</u><br>Line from <i>Schedule A/B</i> : <u>7</u>          | \$ <u>600.00</u>  | <input type="checkbox"/> \$ <u>600.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 11 USC 522 (d)(3)                  |
| Brief description: <u>Everday clothes</u><br>Line from <i>Schedule A/B</i> : <u>11</u>     | \$ <u>1,500.00</u>  | <input type="checkbox"/> \$ <u>1,500.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 USC 522 (d)(3)                  |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**Part 2: Additional Page**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own<br>Copy the value from Schedule A/B | Amount of the exemption you claim<br>Check only one box for each exemption  | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| Brief description: <u>Jewelry</u><br>Line from Schedule A/B: <u>12</u>              | \$ <u>1,000.00</u>   | <input type="checkbox"/> \$ <u>1,000.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 USC 522 (d)(4)</u>           |
| Brief description: <u>Cash</u><br>Line from Schedule A/B: <u>16</u>                 | \$ <u>100.00</u>   | <input type="checkbox"/> \$ <u>100.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <u>11 USC 522 (d)(5)</u>           |
| Brief description: <u>Deposits of money</u><br>Line from Schedule A/B: <u>17</u>    | \$ <u>100.00</u>   | <input type="checkbox"/> \$ <u>100.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <u>11 USC 522 (d)(5)</u>           |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit           | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit           | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit           | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit           | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit           | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit           | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit           | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit           | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit           | _____                              |

Fill in this information to identify your case:

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)     
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 16-23334  
 (If known)

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A<br>Amount of claim<br>Do not deduct the value of collateral. | Column B<br>Value of collateral that supports this claim | Column C<br>Unsecured portion<br>If any |
|---|--|---|
|---|--|---|

|     |   |   |                     |                    |                    |
|-----|---|---|---------------------|--------------------|--------------------|
| 2.1 | Hyundai Motor Finance Co,<br><small>Creditor's Name</small><br><u>10550 Talbert Ave.</u><br><small>Number Street</small><br><br><u>Fountain Valley</u> <u>CA</u> <u>92708</u><br><small>City State ZIP Code</small> | Describe the property that secures the claim:<br><u>2013 Hyundai Elantra automobile</u><br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Nature of lien. Check all that apply.<br><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) _____ | \$ <u>18,472.00</u> | \$ <u>9,000.00</u> | \$ <u>9,472.00</u> |
|-----|---|---|---------------------|--------------------|--------------------|

Who owes the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt  
 Date debt was incurred 11/01/2021  
 Last 4 digits of account number \_\_\_\_\_

|     |  |  |  |  |  |
|-----|--|--|--|--|--|
| 2.2 | <br><small>Creditor's Name</small><br><br><small>Number Street</small><br><br><br><small>City State ZIP Code</small> | Describe the property that secures the claim:<br><br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Nature of lien. Check all that apply.<br><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) _____ |  |  |  |
|-----|--|--|--|--|--|

Who owes the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt  
 Date debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 18,472.00

Debtor 1

Jill

M.

Usenicnik

Case number (if known) 16-23334

First Name

Middle Name

Last Name

**Part 1:**

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim  
Do not deduct the  
value of collateral.

Column B

Value of collateral  
that supports this  
claim

Column C

Unsecured  
portion  
If any

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ \_\_\_\_\_

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$ \_\_\_\_\_



Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> | <p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p> |
| <input type="checkbox"/> | <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> | <p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p> |
| <input type="checkbox"/> | <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> | <p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p> |
| <input type="checkbox"/> | <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> | <p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p> |
| <input type="checkbox"/> | <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> | <p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p> |
| <input type="checkbox"/> | <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> | <p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p> |

Fill in this information to identify your case:

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 16-23334  
(If known)

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

2.1

Priority Creditor's Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

2.2

Priority Creditor's Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

|  |  |
|--|--|
| <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> |
|--|--|

|  |  |
|--|--|
| <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> |
|--|--|

|  |  |
|--|--|
| <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> |
|--|--|

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

|     |  | Total claim   |
|-----|--|---|
| 4.1 | <b>AAA Debt Recovery</b><br>Nonpriority Creditor's Name<br><u>PO Box 129</u><br>Number Street<br><u>Monroe</u> <u>PA</u> <u>15146</u><br>City State ZIP Code<br><br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim is for a community debt<br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number _____<br>When was the debt incurred? <u>05/01/2012</u><br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>revolving credit</u> |
|     |  | \$ <u>4,891.00</u>  |

|     |  |   |
|-----|--|---|
| 4.2 | <b>Capital One</b><br>Nonpriority Creditor's Name<br><u>PO Box 30281</u><br>Number Street<br><u>Salt Lake City</u> <u>UT</u> <u>84130</u><br>City State ZIP Code<br><br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim is for a community debt<br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number _____<br>When was the debt incurred? <u>02/01/2015</u><br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>revolving credit</u> |
|     |  | \$ <u>1,317.00</u>  |

|     |   |   |
|-----|---|---|
| 4.3 | <b>Cavalry Port</b><br>Nonpriority Creditor's Name<br><u>500 Summit Lake Drive, Suite 400</u><br>Number Street<br><u>Valhalla</u> <u>NY</u> <u>10595</u><br>City State ZIP Code<br><br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim is for a community debt<br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number _____<br>When was the debt incurred? <u>02/01/2015</u><br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>revolving credit</u> |
|     |   | \$ <u>333.00</u>  |

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|     |   |   |             |
|-----|---|---|-------------|
| 4.4 | Credit Protection Association   | Last 4 digits of account number   | \$ 1,593.00 |
|     | <p>Nonpriority Creditor's Name</p> <p>1 Galleria Tower, Suite 2100 13355 Noel Road</p> <p>Number Street</p> <p>Dallas TX 75240</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>When was the debt incurred? <u>03/01/2015</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utility bill</u></p> |             |

|     |   |   |           |
|-----|---|---|-----------|
| 4.5 | Creditech   | Last 4 digits of account number   | \$ 101.00 |
|     | <p>Nonpriority Creditor's Name</p> <p>50 North 7th St.</p> <p>Number Street</p> <p>Bangor PA 18013</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>When was the debt incurred? <u>08/01/2014</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p> |           |

|     |  |   |           |
|-----|--|---|-----------|
| 4.6 | Credit One Bank  | Last 4 digits of account number   | \$ 727.00 |
|     | <p>Nonpriority Creditor's Name</p> <p>PO Box 98873</p> <p>Number Street</p> <p>Las Vegas NV 89193</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>When was the debt incurred? <u>04/01/2013</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>revolving credit</u></p> |           |

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|  |                             |  |            |           |
|--|-----------------------------|--|------------|-----------|
| 4.7  | Jefferson Capital System    | Last 4 digits of account number  |            | \$ 721.00 |
|  | Nonpriority Creditor's Name | When was the debt incurred?  | 10/01/2014 |           |
|  | 16 McClelland Road          | As of the date you file, the claim is: Check all that apply.   |            |           |
|  | Number Street               | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |            |           |
|  | St. Cloud MN 56303          | Type of NONPRIORITY unsecured claim:   |            |           |
|  | City State ZIP Code         | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>revolving credit</u> |            |           |
| Who incurred the debt? Check one.  |                             |  |            |           |
| <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |                             |  |            |           |
| <input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                      |                             |  |            |           |

|  |                             |  |            |           |
|--|-----------------------------|--|------------|-----------|
| 4.8  | Kohls/Capital One           | Last 4 digits of account number  |            | \$ 331.00 |
|  | Nonpriority Creditor's Name | When was the debt incurred?  | 01/01/2013 |           |
|  | PO Box 3115                 | As of the date you file, the claim is: Check all that apply.   |            |           |
|  | Number Street               | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |            |           |
|  | Milwaukee, WI 53201-3115    | Type of NONPRIORITY unsecured claim:   |            |           |
|  | City State ZIP Code         | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>revolving credit</u> |            |           |
| Who incurred the debt? Check one.  |                             |  |            |           |
| <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |                             |  |            |           |
| <input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                      |                             |  |            |           |

|  |                              |  |            |           |
|--|------------------------------|--|------------|-----------|
| 4.9  | Midland Funding              | Last 4 digits of account number  |            | \$ 715.00 |
|  | Nonpriority Creditor's Name  | When was the debt incurred?  | 08/01/2015 |           |
|  | 2365 Northside Dr., Suite 30 | As of the date you file, the claim is: Check all that apply.   |            |           |
|  | Number Street                | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |            |           |
|  | San Diego, CA 92108          | Type of NONPRIORITY unsecured claim:   |            |           |
|  | City State ZIP Code          | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>revolving credit</u> |            |           |
| Who incurred the debt? Check one.  |                              |  |            |           |
| <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |                              |  |            |           |
| <input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                      |                              |  |            |           |

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                                     |   | Total claim   |
|-------------------------------------|---|---------------|
| Total claims from Part 1            | 6a. Domestic support obligations  | 6a. \$ 0.00   |
|                                     | 6b. Taxes and certain other debts you owe the government                    | 6b. \$ 0.00   |
|                                     | 6c. Claims for death or personal injury while you were intoxicated          | 6c. \$ 0.00   |
|                                     | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$ 0.00 |
| 6e. Total. Add lines 6a through 6d. |   | 6e. \$ 0.00   |

|                          |   | Total claim        |
|--------------------------|---|--------------------|
| Total claims from Part 2 | 6f. Student loans   | 6f. \$ 0.00        |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0.00        |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. \$ 0.00        |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. + \$ 10,729.00 |
|                          | 6j. Total. Add lines 6f through 6i.   | 6j. \$ 10,729.00   |



**Fill in this information to identify your case:**

Debtor Jill M. Usenicnik  
First Name Middle Name Last Name

Debtor 2  
(Spouse If filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 16-23334  
(If known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?  
☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.2

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.3

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.4

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.5

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 16-23334  
(If known)

☐ Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No

☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

\_\_\_\_\_  
Name of your spouse, former spouse, or legal equivalent

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.3

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)     
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 16-23334  
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

# **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## **Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

- ☒ Employed  
☐ Not employed

- ☒ Employed  
☐ Not employed

**Occupation**

Quality Analyst

Mortgage underwriter

**Employer's name**

Service Link

PNC Mortgage

**Employer's address**

1400 Cherrington Parkway  
Number Street

116 Allegheny Center Mall  
Number Street

Moon Township PA 15108  
City State ZIP Code

Pittsburgh PA 15205  
City State ZIP Code

How long employed there? 7 years

7 years

## **Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|  | For Debtor 1         | For Debtor 2 or non-filing spouse |
|--|----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | \$ <u>2,800.00</u>   | \$ <u>4,833.00</u>                |
| 3. Estimate and list monthly overtime pay.   | + \$ <u>1,050.00</u> | + \$ <u>0.00</u>                  |
| 4. Calculate gross income. Add line 2 + line 3.  | \$ <u>3,850.00</u>   | \$ <u>4,833.00</u>                |

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

|  | For Debtor 1           | For Debtor 2 or non-filing spouse |
|--|------------------------|-----------------------------------|
| Copy line 4 here..... → 4.   | \$ <u>3,850.00</u>     | \$ <u>4,833.00</u>                |
| <b>5. List all payroll deductions:</b>   |                        |                                   |
| 5a. Tax, Medicare, and Social Security deductions  | 5a. \$ <u>345.00</u>   | \$ <u>1,014.93</u>                |
| 5b. Mandatory contributions for retirement plans   | 5b. \$ _____           | \$ _____                          |
| 5c. Voluntary contributions for retirement plans   | 5c. \$ <u>200.00</u>   | \$ <u>306.81</u>                  |
| 5d. Required repayments of retirement fund loans   | 5d. \$ _____           | \$ _____                          |
| 5e. Insurance  | 5e. \$ <u>415.00</u>   | \$ <u>240.00</u>                  |
| 5f. Domestic support obligations   | 5f. \$ _____           | \$ _____                          |
| 5g. Union dues   | 5g. \$ _____           | \$ _____                          |
| 5h. Other deductions. Specify: _____   | 5h. + \$ _____         | + \$ _____                        |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.  | 6. \$ <u>960.00</u>    | \$ <u>1,561.74</u>                |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.   | 7. \$ <u>2,890.00</u>  | \$ <u>3,271.26</u>                |
| <b>8. List all other income regularly received:</b>  |                        |                                   |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a. \$ <u>0.00</u>     | \$ <u>0.00</u>                    |
| 8b. Interest and dividends   | 8b. \$ <u>0.00</u>     | \$ <u>0.00</u>                    |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c. \$ <u>0.00</u>     | \$ <u>0.00</u>                    |
| 8d. Unemployment compensation  | 8d. \$ <u>0.00</u>     | \$ <u>0.00</u>                    |
| 8e. Social Security  | 8e. \$ <u>0.00</u>     | \$ <u>0.00</u>                    |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: _____   | 8f. \$ <u>0.00</u>     | \$ <u>0.00</u>                    |
| 8g. Pension or retirement income   | 8g. \$ <u>0.00</u>     | \$ <u>0.00</u>                    |
| 8h. Other monthly income. Specify: _____   | 8h. + \$ <u>0.00</u>   | + \$ <u>0.00</u>                  |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  | 9. \$ <u>0.00</u>      | \$ <u>0.00</u>                    |
| 10. Calculate monthly income. Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$ <u>2,890.00</u> | \$ <u>3,271.26</u>                |
|  |                        | = \$ <u>6,161.26</u>              |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: _____ |                        |                                   |
|  |                        | 11. + \$ <u>0.00</u>              |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.<br>Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies  |                        | 12. \$ <u>6,161.26</u>            |
|  |                        | Combined monthly income           |
| 13. Do you expect an increase or decrease within the year after you file this form?<br><input type="checkbox"/> No.<br><input checked="" type="checkbox"/> Yes. Explain: <u>Decrease, due to eminent divorce and overtime being seasonal.</u>  |                        |                                   |

**Fill in this information to identify your case:**

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 16-23334  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

daughter

13

- ☐ No
- ☒ Yes

son

19

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☐ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,025.00

If not included in line 4:

4a. Real estate taxes

4a. \$ \_\_\_\_\_

4b. Property, homeowner's, or renter's insurance

4b. \$ 35.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ \_\_\_\_\_

4d. Homeowner's association or condominium dues

4d. \$ \_\_\_\_\_

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**Your expenses**

- |   |      |    |        |
|---|------|----|--------|
| 5. Additional mortgage payments for your residence, such as home equity loans   | 5.   | \$ |        |
| 6. Utilities:   |      |    |        |
| 6a. Electricity, heat, natural gas  | 6a.  | \$ | 325.00 |
| 6b. Water, sewer, garbage collection  | 6b.  | \$ | 65.00  |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.  | \$ | 530.00 |
| 6d. Other. Specify: _____   | 6d.  | \$ |        |
| 7. Food and housekeeping supplies   | 7.   | \$ | 400.00 |
| 8. Childcare and children's education costs   | 8.   | \$ |        |
| 9. Clothing, laundry, and dry cleaning  | 9.   | \$ | 30.00  |
| 10. Personal care products and services   | 10.  | \$ | 30.00  |
| 11. Medical and dental expenses   | 11.  | \$ | 50.00  |
| 12. Transportation. Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12.  | \$ | 80.00  |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.  | \$ | 60.00  |
| 14. Charitable contributions and religious donations  | 14.  | \$ |        |
| 15. Insurance.  |      |    |        |
| Do not include insurance deducted from your pay or included in lines 4 or 20.   |      |    |        |
| 15a. Life insurance   | 15a. | \$ | 65.00  |
| 15b. Health insurance   | 15b. | \$ |        |
| 15c. Vehicle insurance  | 15c. | \$ | 180.00 |
| 15d. Other insurance. Specify: _____  | 15d. | \$ |        |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  | 16.  | \$ |        |
| 17. Installment or lease payments:  |      |    |        |
| 17a. Car payments for Vehicle 1   | 17a. | \$ | 460.00 |
| 17b. Car payments for Vehicle 2   | 17b. | \$ |        |
| 17c. Other. Specify: _____  | 17c. | \$ |        |
| 17d. Other. Specify: _____  | 17d. | \$ |        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.  | \$ |        |
| 19. Other payments you make to support others who do not live with you.<br>Specify: _____   | 19.  | \$ |        |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   |      |    |        |
| 20a. Mortgages on other property  | 20a. | \$ |        |
| 20b. Real estate taxes  | 20b. | \$ |        |
| 20c. Property, homeowner's, or renter's insurance   | 20c. | \$ |        |
| 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$ |        |
| 20e. Homeowner's association or condominium dues  | 20e. | \$ |        |

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 3,330.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ \_\_\_\_\_

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 3,300.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 6,161.26

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 3,300.00

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$ 2,861.26

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

Car payment is expected to decrease due to anticipated surrender of vehicle.

**Fill in this information to identify your case:**

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 16-23334  
(If known)

☐ Check if this is an amended filing

Official Form 107

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1:**

**Dates Debtor 1 lived there**

**Debtor 2:**

**Dates Debtor 2 lived there**

☐ Same as Debtor 1

☐ Same as Debtor 1

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

☐ Same as Debtor 1

☐ Same as Debtor 1

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)**

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2: Explain the Sources of Your Income**



Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

|  | Debtor 1   | Debtor 2   |
|--|--|--|
|  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:                              | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ <u>13,167.00</u>                                |
| For last calendar year:<br>(January 1 to December 31, <u>      </u> <small>YYYY</small> )            | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ <u>19,950.00</u>                                |
| For the calendar year before that:<br>(January 1 to December 31, <u>      </u> <small>YYYY</small> ) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ <u>19,950.00</u>                                |

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

|  | Debtor 1                             | Debtor 2  |
|--|--------------------------------------|---|
|  | Sources of income<br>Describe below. | Gross income from each source<br>(before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:                              |                                      | \$ _____  |
|  |                                      | \$ _____  |
|  |                                      | \$ _____  |
| For last calendar year:<br>(January 1 to December 31, <u>      </u> <small>YYYY</small> )            |                                      | \$ _____  |
|  |                                      | \$ _____  |
|  |                                      | \$ _____  |
| For the calendar year before that:<br>(January 1 to December 31, <u>      </u> <small>YYYY</small> ) |                                      | \$ _____  |
|  |                                      | \$ _____  |
|  |                                      | \$ _____  |

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

|   | Dates of payment | Total amount paid | Amount you still owe | Was this payment for...   |
|---|------------------|-------------------|----------------------|---|
| Creditor's Name _____<br>Number _____ Street _____<br>City _____ State _____ ZIP Code _____ | _____            | \$ _____          | \$ _____             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other _____ |
| Creditor's Name _____<br>Number _____ Street _____<br>City _____ State _____ ZIP Code _____ | _____            | \$ _____          | \$ _____             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other _____ |
| Creditor's Name _____<br>Number _____ Street _____<br>City _____ State _____ ZIP Code _____ | _____            | \$ _____          | \$ _____             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other _____ |

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

|   | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---|------------------|-------------------|----------------------|-------------------------|
| Insider's Name _____<br><br>Number _____ Street _____<br><br>_____<br><br>City _____ State _____ ZIP Code _____ | _____            | \$ _____          | \$ _____             |                         |
| Insider's Name _____<br><br>Number _____ Street _____<br><br>_____<br><br>City _____ State _____ ZIP Code _____ | _____            | \$ _____          | \$ _____             |                         |

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

|   | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment<br>Include creditor's name |
|---|------------------|-------------------|----------------------|--|
| Insider's Name _____<br><br>Number _____ Street _____<br><br>_____<br><br>City _____ State _____ ZIP Code _____ | _____            | \$ _____          | \$ _____             |  |
| Insider's Name _____<br><br>Number _____ Street _____<br><br>_____<br><br>City _____ State _____ ZIP Code _____ | _____            | \$ _____          | \$ _____             |  |

Debtor 1 Jill M. Usenichnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No  
☐ Yes. Fill in the details.

|                           | Nature of the case | Court or agency                       | Status of the case                 |
|---------------------------|--------------------|---------------------------------------|------------------------------------|
| Case title _____<br>_____ |                    | Court Name _____                      | <input type="checkbox"/> Pending   |
| Case number _____         |                    | Number _____ Street _____             | <input type="checkbox"/> On appeal |
|                           |                    | City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Concluded |
| Case title _____<br>_____ |                    | Court Name _____                      | <input type="checkbox"/> Pending   |
| Case number _____         |                    | Number _____ Street _____             | <input type="checkbox"/> On appeal |
|                           |                    | City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Concluded |

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

|   | Describe the property  | Date  | Value of the property |
|---|--|-------|-----------------------|
| Creditor's Name _____<br>Number _____ Street _____<br>City _____ State _____ ZIP Code _____ |  | _____ | \$ _____              |
|   |  |       |                       |
|   | Explain what happened  |       |                       |
|   | <input type="checkbox"/> Property was repossessed.                 |       |                       |
|   | <input type="checkbox"/> Property was foreclosed.                  |       |                       |
|   | <input type="checkbox"/> Property was garnished.                   |       |                       |
|   | <input type="checkbox"/> Property was attached, seized, or levied. |       |                       |
|   | Describe the property  | Date  | Value of the property |
| Creditor's Name _____<br>Number _____ Street _____<br>City _____ State _____ ZIP Code _____ |  | _____ | \$ _____              |
|   |  |       |                       |
|   | Explain what happened  |       |                       |
|   | <input type="checkbox"/> Property was repossessed.                 |       |                       |
|   | <input type="checkbox"/> Property was foreclosed.                  |       |                       |
|   | <input type="checkbox"/> Property was garnished.                   |       |                       |
|   | <input type="checkbox"/> Property was attached, seized, or levied. |       |                       |

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

| Describe the action the creditor took  |  | Date action was taken | Amount |
|--|--|-----------------------|--------|
| Creditor's Name                        |  |                       | \$     |
| Number Street                          |  |                       |        |
|  |  |                       |        |
| City State ZIP Code                    |  |                       |        |
| Last 4 digits of account number: XXXX- |  |                       |        |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift                       |                    |                          | \$    |
|  |                    |                          | \$    |
| Number Street  |                    |                          |       |
| City State ZIP Code                                    |                    |                          |       |
| Person's relationship to you                           |                    |                          |       |
| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| Person to Whom You Gave the Gift                       |                    |                          | \$    |
|  |                    |                          | \$    |
| Number Street  |                    |                          |       |
| City State ZIP Code                                    |                    |                          |       |
| Person's relationship to you                           |                    |                          |       |

Debtor 1 Jill M. Usenichnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600     | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|-------|
| Charity's Name<br><br><br>Number Street<br><br>City State ZIP Code |                               |                      | \$    |
|  |                               |                      | \$    |

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss<br><small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small> | Date of your loss | Value of property lost |
|--|--|-------------------|------------------------|
|  |  |                   | \$                     |

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☒ No  
☐ Yes. Fill in the details.

| Description and value of any property transferred  | Date payment or transfer was made | Amount of payment |
|--|-----------------------------------|-------------------|
| Person Who Was Paid<br><br>Number Street<br><br>City State ZIP Code<br>Email or website address<br>Person Who Made the Payment, if Not You |                                   | \$                |
|  |                                   | \$                |

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

| Description and value of any property transferred   | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Person Who Was Paid _____<br>Number _____ Street _____<br>_____<br>City _____ State _____ ZIP Code _____<br>Email or website address _____<br>Person Who Made the Payment, if Not You _____ | _____                             | \$ _____          |
|   | _____                             | \$ _____          |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

| Description and value of any property transferred  | Date payment or transfer was made | Amount of payment |
|--|-----------------------------------|-------------------|
| Person Who Was Paid _____<br>Number _____ Street _____<br>_____<br>City _____ State _____ ZIP Code _____ | _____                             | \$ _____          |
|  | _____                             | \$ _____          |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
 Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

| Description and value of property transferred   | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|------------------------|
| Person Who Received Transfer _____<br>Number _____ Street _____<br>_____<br>City _____ State _____ ZIP Code _____<br>Person's relationship to you _____ |  | _____                  |
| Person Who Received Transfer _____<br>Number _____ Street _____<br>_____<br>City _____ State _____ ZIP Code _____<br>Person's relationship to you _____ |  | _____                  |





Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No  
☐ Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

Name of Storage Facility

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

- ☐ No  
☐ Yes

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No  
☐ Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

Number Street

City State ZIP Code

Number Street

City State ZIP Code

\$

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

| Governmental unit |                     | Environmental law, if you know it | Date of notice |
|-------------------|---------------------|-----------------------------------|----------------|
| Name of site      | Governmental unit   |                                   |                |
| Number Street     | Number Street       |                                   |                |
|                   | City State ZIP Code |                                   |                |
| City              | State ZIP Code      |                                   |                |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

| Case title  | Court or agency     | Nature of the case | Status of the case                 |
|-------------|---------------------|--------------------|------------------------------------|
|             | Court Name          |                    | <input type="checkbox"/> Pending   |
|             | Number Street       |                    | <input type="checkbox"/> On appeal |
| Case number | City State ZIP Code |                    | <input type="checkbox"/> Concluded |

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

|                                     |  |
|-------------------------------------|--|
| Describe the nature of the business | Employer Identification number<br>Do not include Social Security number or ITIN. |
| Business Name                       | EIN: _____   |
| Number Street                       | Dates business existed   |
|                                     | From _____ To _____  |
| City State ZIP Code                 |  |
| Describe the nature of the business | Employer Identification number<br>Do not include Social Security number or ITIN. |
| Business Name                       | EIN: _____   |
| Number Street                       | Dates business existed   |
|                                     | From _____ To _____  |
| City State ZIP Code                 |  |

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

|  |  |   |
|--|--|---|
| <b>Describe the nature of the business</b> |  | <b>Employer Identification number</b><br>Do not include Social Security number or ITIN. |
| Business Name _____                        | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> | EIN: _____ - _____  |
| Number _____ Street _____                  |  | Dates business existed  |
| City _____ State _____ ZIP Code _____      |  | From _____ To _____   |
|  |  |   |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No  
☐ Yes. Fill in the details below.

Date issued \_\_\_\_\_

Name \_\_\_\_\_ MM / DD / YYYY  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Jill M. Usenicnik

Signature of Debtor 1

**X** \_\_\_\_\_

Signature of Debtor 2

Date 10/03/2016

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of person \_\_\_\_\_ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Fill in this information to identify your case:**

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)     
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 16-23334  
 (If known)

**Check as directed in lines 17 and 21:**

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

**Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Average Monthly Income**

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

*Column A*  
Debtor 1

*Column B*  
Debtor 2 or  
non-filing spouse

- |  |  |                             |
|--|--|-----------------------------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).   | \$ 3,325.00                                | \$ 4,833.00                 |
| 3. Alimony and maintenance payments. Do not include payments from a spouse.  | \$ 0.00                                    | \$ 0.00                     |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | \$ 0.00                                    | \$ 0.00                     |
| 5. Net income from operating a business, profession, or farm   | Debtor 1<br>\$ 0.00<br>Debtor 2<br>\$ 0.00 |                             |
| Gross receipts (before all deductions)   | \$ 0.00                                    | \$ 0.00                     |
| Ordinary and necessary operating expenses  | – \$ 0.00 – \$ 0.00                        |                             |
| Net monthly income from a business, profession, or farm  | \$ 0.00 \$ 0.00                            | Copy here → \$ 0.00 \$ 0.00 |
| 6. Net income from rental and other real property  | Debtor 1<br>\$ 0.00<br>Debtor 2<br>\$ 0.00 |                             |
| Gross receipts (before all deductions)   | \$ 0.00                                    | \$ 0.00                     |
| Ordinary and necessary operating expenses  | – \$ 0.00 – \$ 0.00                        |                             |
| Net monthly income from rental or other real property  | \$ 0.00 \$ 0.00                            | Copy here → \$ 0.00 \$ 0.00 |

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

7. Interest, dividends, and royalties \$ 0.00 \$ 0.00

8. Unemployment compensation \$ 0.00 \$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  $\downarrow$

For you..... \$ \_\_\_\_\_

For your spouse..... \$ \_\_\_\_\_

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. \$ 0.00 \$ 0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ 0.00 \$ 0.00

\$ \_\_\_\_\_

Total amounts from separate pages, if any.

+ \$ 0.00 + \$ 0.00

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 3,325.00 + \$ 4,833.00 = \$ 8,158.00

Total average  
monthly income

**Part 2: Determine How to Measure Your Deductions from Income**

12. Copy your total average monthly income from line 11. \$ 8,158.00

13. Calculate the marital adjustment. Check one:

- ☐ You are not married. Fill in 0 below.
- ☐ You are married and your spouse is filing with you. Fill in 0 below.
- ☒ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

+ \$ \_\_\_\_\_

Total..... \$ 0.00 Copy here  $\rightarrow$  0.00

14. Your current monthly income. Subtract the total in line 13 from line 12.

\$ 8,158.00

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here  $\rightarrow$  \$ 8,158.00

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. \$ 97,896.00

Debtor 1 Jill M. Usenicnik  
First Name Middle Name Last Name

Case number (if known) 16-23334

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. PA

16b. Fill in the number of people in your household. 4

16c. Fill in the median family income for your state and size of household. \$ 86,112.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3.* Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).* On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11. \$ 8,158.00

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. — \$ 0.00

19b. Subtract line 19a from line 18. \$ 8,158.00

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$ 8,158.00

Multiply by 12 (the number of months in a year). x 12

20b. The result is your current monthly income for the year for this part of the form. \$ 97,896.00

20c. Copy the median family income for your state and size of household from line 16c. \$ 86,112.00

21. How do the lines compare?

☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.

☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Jill M. Usenicnik

Signature of Debtor 1

Date 10/03/2016

MM / DD / YYYY

X

Signature of Debtor 2

Date \_\_\_\_\_

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

FB 201A (Form 201A) (11/12)

## UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

##### **Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny

your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$46 administrative fee: Total fee \$1,213)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).



IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

|                   |   |                         |
|-------------------|---|-------------------------|
| In re:            | ) | Bankruptcy No. 16-23334 |
|                   | ) |                         |
| JILL M. USENICNIK | ) |                         |
|                   | ) |                         |
|                   | ) | Chapter 13              |
| Debtor            | ) |                         |

**EMPLOYEE INCOME RECORDS**

Pursuant to 11 U.S.C. §521(a)(1)(b)(iv) attached are all payment advices or other evidence of payment received by me from any employer within 60 days preceding the date of the filing of my petition.

/s/ Jill M. Usenicnik  
Jill M. Usenicnik

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In re: ) Bankruptcy No. 16-23334  
JILL M. USENICNIK ) Chapter 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \_\_\_\_\_ \$ **1500.00**  
Prior to the filing of this statement I have received \_\_\_\_\_ \$ **335.00 (filing fee only)**  
Balance Due \_\_\_\_\_ \$ **1500.00**

2. The source of the compensation paid to me was:

Debtor ☒ Other (specify): \_\_\_\_\_

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify): \_\_\_\_\_

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **September 23, 2016**

/s/ Jeffrey T. Morris  
Jeffrey T. Morris 31010  
ELLIOTT & DAVIS P.C.  
425 First Ave.  
Pittsburgh PA 15219

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA

Bankruptcy Case Number 16-23334

Debtor#1: Jill M. Usenicnick Last Four (4) Digits of SSN: 7518

Debtor#2: \_\_\_\_\_ Last Four (4) Digits of SSN: \_\_\_\_\_

Check if applicable ☐ Amended Plan ☐ Plan expected to be completed within the next 12 months

**CHAPTER 13 PLAN DATED 10/03/2016  
COMBINED WITH CLAIMS BY DEBTOR PURSUANT TO RULE 3004**

***UNLESS PROVIDED BY PRIOR COURT ORDER THE OFFICIAL PLAN FORM MAY NOT BE MODIFIED***

**PLAN FUNDING**

Total amount of \$460.00 per month for a plan term of 60 months shall be paid to the Trustee from future earnings as follows:

| Payments: | By Income Attachment | Directly by Debtor | By Automated Bank Transfer |
|-----------|----------------------|--------------------|----------------------------|
| D#1       | <u>\$460.00</u>      | \$ _____           | \$ _____                   |
| D#2       | \$ _____             | \$ _____           | \$ _____                   |

(Income attachments must be used by Debtors having attachable income) (SSA direct deposit recipients only)

Estimated amount of additional plan funds from sale proceeds, etc.: \$0.00

The Trustee shall calculate the actual total payments estimated throughout the plan.

The responsibility for ensuring that there are sufficient funds to effectuate the goals of the Chapter 13 plan rests with the Debtor.

**PLAN PAYMENTS TO BEGIN:** no later than one month following the filing of the bankruptcy petition.

**FOR AMENDED PLANS:**

- The total plan payments shall consist of all amounts previously paid together with the new monthly payment for the remainder of the plan's duration.
- The original plan term has been extended by \_\_\_\_\_ months for a total of \_\_\_\_\_ months from the original plan filing date;
- The payment shall be changed effective \_\_\_\_\_.
- The Debtor (s) have filed a motion requesting that the court appropriately change the amount of all wage orders.

The Debtor agrees to dedicate to the plan the estimated amount of sale proceeds: \$ \_\_\_\_\_ from the sale of this property (describe) \_\_\_\_\_ . All sales shall be completed by \_\_\_\_\_. Lump sum payments shall be received by the Trustee as follows: \_\_\_\_\_.

Other payments from any source (describe specifically) \_\_\_\_\_ shall be received by the Trustee as follows: \_\_\_\_\_.

**The sequence of plan payments shall be determined by the Trustee, using the following as a general guide:**

- Level One:* Unpaid filing fees.  
*Level Two:* Secured claims and lease payments entitled to Section 1326 (a)(1)(C) pre-confirmation adequate protection payments.  
*Level Three:* Monthly ongoing mortgage payments, ongoing vehicle and lease payments, installments on professional fees, and post-petition utility claims.  
*Level Four:* Priority Domestic Support Obligations.  
*Level Five:* Mortgage arrears, secured taxes, rental arrears, vehicle payment arrears.  
*Level Six:* All remaining secured, priority and specially classified claims, miscellaneous secured arrears.  
*Level Seven:* Allowed general unsecured claims.  
*Level Eight:* Untimely filed unsecured claims for which the Debtor has not lodged an objection.

**1. UNPAID FILING FEES \$0.00**

Filing fees: the balance of \$0.00 shall be fully paid by the Trustee to the Clerk of Bankruptcy Court from the first available funds.

PAWB Local Form 10 (07/13)

Page 1 of 6

**2. PERSONAL PROPERTY SECURED CLAIMS AND LEASE PAYMENTS ENTITLED TO PRECONFIRMATION ADEQUATE PROTECTION PAYMENTS UNDER SECTION 1326 (a)(1)(C)**

Creditors subject to these terms are identified below within parts 3b, 4b, 5b or 8b. Timely plan payments to the Trustee by the Debtor(s) shall constitute compliance with the adequate protection requirements of Section 1326 (a)(1)(C). Distributions prior to final plan confirmation shall be made at Level 2. Upon final plan confirmation, these distributions shall change to level 3. Leases provided for in this section are assumed by the Debtor(s).

**3(a). LONG TERM CONTINUING DEBTS CURED AND REINSTATED, AND LIEN (if any) RETAINED**

| Name of Creditor<br>(include account #) | Description of Collateral<br>(Address or parcel ID<br>of real estate, etc.) | Monthly Payment<br>(If changed, state<br>effective date) | Pre-petition arrears to<br>be cured (w/o interest,<br>unless expressly stated) |
|---|---|--|--|
| Hyundai Motor Finance                   | 2013 Hyundai Elantra  | \$460.00   | \$0.00   |
|   |   |  |  |
|   |   |  |  |

3(b). Long term debt claims secured by PERSONAL property entitled to §1326 (a)(1)(C) preconfirmation adequate protection payments:

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**4. SECURED CLAIMS TO BE PAID IN FULL DURING TERM OF PLAN, ACCORDING TO ORIGINAL CONTRACT TERMS, WITH NO MODIFICATION OF CONTRACTUAL TERMS AND LIENS RETAINED UNTIL PAID**

4(a). Claims to be paid at plan level three (for vehicle payments, do not use "pro rata" but instead, state the monthly payment to be applied to the claim):

| Name of Creditor | Description of Collateral | Contractual<br>Monthly<br>Payment (Level 3) | Principal Balance<br>Of Claim | Contract Rate of<br>Interest |
|------------------|---------------------------|---|-------------------------------|------------------------------|
|                  |                           |   |                               |                              |
|                  |                           |   |                               |                              |
|                  |                           |   |                               |                              |

4(b). Claims entitled to preconfirmation adequate protection payments pursuant to Section 1326 (a)(1)(C) (Use only if claim qualifies for this treatment under the statute, and if claims are to be paid at level two prior to confirmation, and moved to level three after confirmation):

| Name of Creditor | Description of Collateral | Contractual Monthly<br>Payment (Level 3) | Principal Balance<br>Of Claim | Contract Rate of<br>Interest |
|------------------|---------------------------|--|-------------------------------|------------------------------|
|                  |                           |  |                               |                              |

**5. SECURED CLAIMS TO BE FULLY PAID ACCORDING TO MODIFIED TERMS AND LIENS RETAINED**

5(a). Claims to be paid at plan level three (for vehicle payments, do not use "pro rata"; instead, state the monthly payment to be applied to the claim)

| Name of Creditor | Description of Collateral | Modified Principal<br>Balance | Interest Rate | Monthly<br>Payment at<br>Level 3 or Pro<br>Rata |
|------------------|---------------------------|-------------------------------|---------------|---|
|                  |                           |                               |               |   |
|                  |                           |                               |               |   |

5(b). Claims entitled to preconfirmation adequate protection payments pursuant to Section 1326 (a)(1)(C) (Use only if claim qualifies for this treatment under the statute, and if claims are to be paid at level two prior to confirmation, and moved to level three after confirmation):

| Name of Creditor | Description of Collateral | Modified Principal Balance | Interest Rate | Monthly Payment at Level 3 or Pro Rata |
|------------------|---------------------------|----------------------------|---------------|--|
|                  |                           |                            |               |  |

**6. SECURED CLAIMS NOT PAID DUE TO SURRENDER OF COLLATERAL; SPECIFY DATE OF SURRENDER**

**7. THE DEBTOR PROPOSES TO AVOID OR LIMIT THE LIENS OF THE FOLLOWING CREDITORS:**

| Name the Creditor and identify the collateral with specificity. | Name the Creditor and identify the collateral with specificity. |
|---|---|
|   |   |
|   |   |
|   |   |

**8. LEASES.** Leases provided for in this section are assumed by the debtor(s). Provide the number of lease payments to be made by the Trustee.

8(a). Claims to be paid at plan level three (for vehicle payments, do not use "pro rata"; instead, state the monthly payment to be applied to the claim):

| Name of Creditor (include account#) | Description of leased asset | Monthly payment amount and number of payments | Pre-petition arrears to be cured (Without interest, unless expressly stated otherwise) |
|-------------------------------------|-----------------------------|---|--|
|                                     |                             |   |  |
|                                     |                             |   |  |

8(b). Claims entitled to preconfirmation adequate protection payments pursuant to Section 1326 (a)(1)(C) (Use only if claim qualifies for this treatment under the statute, and if claims are to be paid at level two prior to confirmation, and moved to level three after confirmation):

| Name of Creditor (include account#) | Description of leased asset | Monthly payment amount and number of payments | Pre-petition arrears to be cured (Without interest, unless expressly stated otherwise) |
|-------------------------------------|-----------------------------|---|--|
|                                     |                             |   |  |

**9. SECURED TAX CLAIMS FULLY PAID AND LIENS RETAINED**

| Name of Taxing Authority | Total Amount of Claim | Type of Tax | Rate of Interest * | Identifying Number(s) if Collateral is Real Estate | Tax Periods |
|--------------------------|-----------------------|-------------|--------------------|--|-------------|
|                          |                       |             |                    |  |             |
|                          |                       |             |                    |  |             |
|                          |                       |             |                    |  |             |

\* The secured tax claims of the Internal Revenue Service, Commonwealth of Pennsylvania and County of Allegheny shall bear interest at the statutory rate in effect as of the date of confirmation of the first plan providing for payment of such claims.

**10. PRIORITY DOMESTIC SUPPORT OBLIGATIONS:**

If the Debtor (s) is currently paying Domestic Support Obligations through existing state court order(s) and leaves this section blank, the Debtor (s) expressly agrees to continue paying and remain current on all Domestic Support Obligations through existing state court orders. If this payment is for prepetition arrearages only, check here: ☐ As to "Name of Creditor," specify the actual payee, e.g. PA SCDU, etc.

| Name of Creditor | Description | Total Amount of Claim | Monthly Payment or Prorata |
|------------------|-------------|-----------------------|----------------------------|
|                  |             |                       |                            |
|                  |             |                       |                            |

**11. PRIORITY UNSECURED TAX CLAIMS PAID IN FULL**

| Name of Taxing Authority | Total Amount of Claim | Type of Tax | Rate of Interest (0% if blank) | Tax Periods |
|--------------------------|-----------------------|-------------|--------------------------------|-------------|
|                          |                       |             |                                |             |
|                          |                       |             |                                |             |
|                          |                       |             |                                |             |
|                          |                       |             |                                |             |

**12. ADMINISTRATIVE PRIORITY CLAIMS TO BE FULLY PAID**

- a. Percentage fees payable to the Chapter 13 Fee and Expense Fund shall be paid at the rate fixed by the United States Trustee.
- b. Attorney fees are payable to n/a. In addition to a retainer of \$n/a already paid by or on behalf of the Debtor, the amount of \$\_\_\_\_\_ is to be paid at the rate of \$\_\_\_\_\_ per month. Including any retainer paid, a total of \$n/a has been approved pursuant to a fee application. An additional \$n/a will be sought through a fee application to be filed and approved before any additional amount will be paid thru the Plan.

**13. OTHER PRIORITY CLAIMS TO BE PAID IN FULL**

| Name of Creditor | Total Amount of Claim | Interest Rate (0% if blank) | Statute Providing Priority Status |
|------------------|-----------------------|-----------------------------|-----------------------------------|
|                  |                       |                             |                                   |
|                  |                       |                             |                                   |
|                  |                       |                             |                                   |
|                  |                       |                             |                                   |
|                  |                       |                             |                                   |

**14. POST-PETITION UTILITY MONTHLY PAYMENTS.** This provision completed only if utility provider has agreed to this treatment.

These payments comprise a single monthly combined payment for post-petition utility services, any post-petition delinquencies and unpaid security deposits. The claim payment will not change for the life of the plan. Should the utility file a motion requesting a payment change, the Debtor will be required to file an amended plan. These payments may not resolve all of the post-petition claims of the utility. The utility may require additional funds from the Debtor (s) after discharge.

| Name of Creditor | Monthly Payment | Post-petition Account Number |
|------------------|-----------------|------------------------------|
|------------------|-----------------|------------------------------|

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|  |  |  |
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**15. CLAIMS OF UNSECURED NONPRIORITY CREDITORS TO BE SPECIALLY CLASSIFIED.** If the following is intended to be treated as long term continuing debt treatment pursuant to Section 1322(b)(5) of the Bankruptcy Code, check here: ☐

| Name of Creditor | Principal Balance or Long Term Debt | Rate of Interest (0% if blank) | Monthly Payments | Arrears to be Cured | Interest Rate on Arrears |
|------------------|-------------------------------------|--------------------------------|------------------|---------------------|--------------------------|
|                  |                                     |                                |                  |                     |                          |

**16. CLAIMS OF GENERAL, NONPRIORITY UNSECURED CREDITORS**

Debtor(s) ESTIMATE that a total of \$0.00 will be available for distribution to unsecured, non-priority creditors. Debtor(s) UNDERSTAND that a MINIMUM of \$0.00 shall be paid to unsecured, non-priority creditors in order to comply with the liquidation alternative test for confirmation. The total pool of funds estimated above is NOT the MAXIMUM amount payable to this class of creditors. Instead, the actual pool of funds available for payment to these creditors under the plan base will be determined only after audit of the plan at time of completion. The estimated percentage of payment to general unsecured creditors is 0.00 %. The percentage of payment may change, based upon the total amount of allowed claims. Late-filed claims will not be paid unless all timely filed claims have been paid in full. Thereafter, all late-filed claims will be paid pro-rata unless an objection has been filed within thirty (30) days of filing the claim. Creditors not specifically identified in Parts 1 - 15, above, are included in this class.

**GENERAL PRINCIPLES APPLICABLE TO ALL CHAPTER 13 PLANS**

This is the voluntary Chapter 13 reorganization plan of the Debtor (s). The Debtor (s) understand and agree that the Chapter 13 plan may be extended as necessary by the Trustee, to not more than sixty (60) months, in order to insure that the goals of the plan have been achieved. Property of the estate shall not re-vest in the Debtor (s) until the bankruptcy case is closed.

The Debtor (s) shall comply with the tax return filing requirements of Section 1308, prior to the Section 341 Meeting of Creditors, and shall provide the Trustee with documentation of such compliance at or before the time of the Section 341 Meeting of Creditors. Counsel for the Debtor(s), or Debtor (if not represented by counsel), shall provide the Trustee with the information needed for the Trustee to comply with the requirements of Section 1302 as to notification to be given to Domestic Support Obligation creditors, and Counsel for the Debtor(s), or Debtor (if pro se) shall provide the Trustee with the calculations relied upon by Counsel to determine the Debtor (s)' current monthly income and disposable income.

As a condition to eligibility of the Debtor(s) to receive a discharge upon successful completion of the plan, Counsel for the debtor(s), or the debtor(s) if not represented by counsel, shall file with the Court Local Bankruptcy Form 24 (Debtor's Certification of Discharge Eligibility) within forty-five (45) days after making the final plan payment.

All pre-petition debts are paid through the Trustee. Additionally, ongoing payments for vehicles, mortgages and assumed leases are also paid through the Trustee, unless the Court orders otherwise.

Percentage fees to the Trustee are paid on all distributions at the rate fixed by the United States Trustee. The Trustee has the discretion to adjust, interpret and implement the distribution schedule to carry out the plan. The Trustee shall follow this standard plan form sequence unless otherwise ordered by the Court.

The provisions for payment to secured, priority and specially classified creditors in this plan shall constitute claims in accordance with Bankruptcy Rule 3004. Proofs of claim by the Trustee will not be required. The Clerk shall be entitled to rely on the accuracy of the information contained in this plan with regard to each claim. If the secured, priority or specially classified creditor files its own claim, then the creditor's claim shall govern, provided the Debtor (s) and Debtor (s)' counsel have been given notice and an opportunity to object. The Trustee is authorized, without prior notice, to pay claims exceeding the amount provided in the plan by not more than \$250.

Any Creditor whose secured claim is modified by the plan, or reduced by separate lien avoidance actions, shall retain its lien until the plan has been fully completed, or until it has been paid the full amount to which it is entitled under applicable non-bankruptcy

law, whichever occurs earlier. Upon payment in accordance with these terms and successful completion of the plan by the Debtor (s), the creditor shall promptly cause all mortgages and liens encumbering the collateral to be satisfied, discharged and released

Should a pre-petition Creditor file a claim asserting secured or priority status that is not provided for in the plan, then after notice to the Trustee, counsel of record, (or the Debtor (s) in the event that they are not represented by counsel), the Trustee shall treat the claim as allowed unless the Debtor(s) successfully objects.

Both of the preceding provisions will also apply to allowed secured, priority and specially classified claims filed after the bar date. LATE-FILED CLAIMS NOT PROPERLY SERVED ON THE TRUSTEE AND THE DEBTOR(S)' COUNSEL OF RECORD (OR DEBTOR, IF PRO SE) WILL NOT BE PAID. The responsibility for reviewing the claims and objecting where appropriate is placed on the Debtor.

**BY SIGNING THIS PLAN THE UNDERSIGNED, AS COUNSEL FOR THE DEBTOR(S), OR THE DEBTOR(S) IF NOT REPRESENTED BY COUNSEL, CERTIFY THAT I/WE HAVE REVIEWED ANY PRIOR CONFIRMED PLAN(S), ORDER(S) CONFIRMING PRIOR PLAN(S), PROOFS OF CLAIM FILED WITH THE COURT BY CREDITORS, AND ANY ORDERS OF COURT AFFECTING THE AMOUNT(S) OR TREATMENT OF ANY CREDITOR CLAIMS, AND EXCEPT AS MODIFIED HEREIN, THAT THIS PROPOSED PLAN CONFORMS TO AND IS CONSISTENT WITH ALL SUCH PRIOR PLANS, ORDERS AND CLAIMS. FALSE CERTIFICATIONS SHALL SUBJECT THE SIGNATORIES TO SANCTIONS UNDER FED.R.BANK.P. 9011.**

Attorney Signature /s/Jeffrey T. Morris

Attorney Name and Pa. ID # Jeffrey T Morris PA ID No. 31010

Attorney Address and Phone 425 First Ave., First floor, Pittsburgh, PA 15219  
(412) 434-4911 ext. 34

Debtor Signature /s/ Jill M. Usenicnick

Debtor Signature \_\_\_\_\_